

ENGINEERING CHANGE PROPOSAL ECP, PAGE 1					1. DATE (YYMMDD) 040227		Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACT OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS							2. PROCURING ACTIVITY NO.	
							3. DLA ADDRESS: AKZ	
4. ORIGINATOR		b. ADDRESS (Street, City, State, Zip Code)			5. CLASS OF ECP I			
a. TYPED NAME(First,Mi, Last) General Dynamics Land Systems, Inc.		P.O. Box 2074, Warren, Mi 48090-2074			6. JUST CODE O		7. PRIORITY R	
8. ECP DESIGNATION					7b. LOG IMPACT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
a. MODEL / TYPE SEE FORM 1603		b. CAGE CODE 01417	c. SYSTEM DESIGNATION		9. BASELINE AFFECTED <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> ALLOCATED <input checked="" type="checkbox"/> PRODUCT			
d. ECP NO. GDLU6349		e. TYPE F	f. REV	10. OTHER SYS. / CONFIG. ITEMS AFFECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
11. SPECIFICATIONS AFFECTED				12. DRAWINGS AFFECTED				
CAGE Code Specification/Document No. Rev. SCN				CAGE Code Number Rev. NOR				
a. SYSTEM								
b. DEVELOPMENT				SEE FORM 1603				
c. PRODUCT				SEE INCLOSURE LIST				
13. TITLE OF CHANGE ADD SECOND VENDOR TO EXHAUST DUCT SEAL DRAWING								
14. CONTRACT NO. AND LINE ITEM				15. PROCURING CONTRACT OFFICER				
DAAE07-01-C-N075				a. NAME (First, Middle Initial, Last)				
				b. CODE		c. TELEPHONE NO.		
16. CONFIGURATION ITEM NOMENCLATURE SEE FORM 1603							17. IN PRODUCTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
18. ALL LOWER LEVEL ITEMS AFFECTED								
a. NOMENCLATURE SEE FORM 1603			b. PART NO. SEE FORM 1603			c. NSN		
19. DESCRIPTION OF CHANGE INSTALLATION: ENGINE EXHAUST ADD A SECOND VENDOR TO THE EXHAUST DUCT SEAL ASSEMBLY SOURCE CONTROL DRAWING APPROVED SOURCES LIST.  SOURCE: GOVERNMENT DIRECTION								
20. NEED FOR CHANGE PER GOVERNMENT DIRECTION, TO ALLOW USE OF HARDWARE FROM AN ADDITIONAL VENDOR PRIOR TO THE COMPLETION OF QUALIFICATION TESTING.					21. PRODUCTION EFFECTIVITY BY SERIAL NUMBER			
					FUTURE AIM DOMESTIC 10A001 FUTURE HAB DOMESTIC LH50001 FUTURE EGYPT EGYPT LE756 FUTURE KUWAIT KUWAIT LK219 FUTURE SAUDI SAUDI LS316 FUTURE SEP SEP LA24001			
					ADDITIONAL ITEMS LISTED IN EFFECTIVITY WORKSHEET			
					22. EFFECT ON PRODUCTION DELIVERY SCHEDULE 040801			
23. RETROFIT								
a. RECOMMENDED ITEM EFFECTIVITY NA					c. SHIP/VEHICLE CLASS AFFECTED NA			
b. ESTIMATED KIT DELIVERY SCHEDULE NA					d. LOCATIONS OR SHIP/VEHICLE NUMBERS AFFECTED NA			
24. ESTIMATED COST/SAVINGS UNDER CONTRACT					25. ESTIMATED NET TOTAL COSTS/SAVINGS			
26a. SUBMITTING ACTIVITY AUTHORIZED SIGNATURE J E Newson 040309					b. TITLE: GDLS CONF MGMT			
27. APPROVAL/DISAPPROVAL								
a. CLASS I <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			b. CLASS II <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			c. CLASS II <input type="checkbox"/> CONCUR <input type="checkbox"/> DO NOT CONCUR		
d. GOVERNMENT ACTIVITY SPAE-GCSS-W-AB-S				e. SIGNATURE I L Smith			f. DATE (YYMMDD) 040311	
g. APPROVAL <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		h. GOVERNMENT ACTIVITY		i. SIGNATURE			j. DATE (YYMMDD)	

NOTICE OF REVISION (NOR)				1. DATE		NOR SHEET 1 OF 1																					
THIS REVISION DESCRIBED BELOW HAS BEEN AUTHORIZED FOR THE DOCUMENT LISTED				040227																							
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		P.O. Box 2074, Warren, Mi 48090-2074		7. CAGE CODE		8. DOCUMENT NO.																					
				19207		12345980 sh 1																					
9. TITLE OF DOCUMENT				10. REVISION LETTER		11. ECP NO.																					
SEAL				a. CURRENT D		GDLU6349																					
				b. NEW																							
12. CONFIGURATION ITEM (OR SYSTEM) TO WHICH ECP APPLIES																											
SEE FORM 1603																											
13. DESCRIPTION OF REVISION																											
<b>ZONES D7/8:</b> <b>ADD SECOND SOURCE TO SOURCE OF SUPPLY BLOCK</b>  <b>FROM:</b>																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">APPROVED SOURCE(S) OF SUPPLY</th> </tr> <tr> <th rowspan="2">PART NO.</th> <th colspan="2">VENDOR</th> <th rowspan="2">VENDOR PART NO.</th> <th rowspan="2">ITEM IDENTIFICATION</th> </tr> <tr> <th>ADDRESS</th> <th>CAGE CODE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">12345980</td> <td>AEROFAB COMPANY, INC 2335 GOODRICH ST. FERNDAL, MI 48220</td> <td style="text-align: center;">01685</td> <td style="text-align: center;">12345980</td> <td style="text-align: center;">MIA1, MIA2</td> </tr> </tbody> </table>								APPROVED SOURCE(S) OF SUPPLY					PART NO.	VENDOR		VENDOR PART NO.	ITEM IDENTIFICATION	ADDRESS	CAGE CODE	12345980	AEROFAB COMPANY, INC 2335 GOODRICH ST. FERNDAL, MI 48220	01685	12345980	MIA1, MIA2			
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14. THIS SECTION FOR GOVERNMENT USE ONLY																											
a. (X one)		<input type="checkbox"/> (1) Existing document supplemented by this NOR may be used in manufacture <input type="checkbox"/> (2) Revised document must be received before manufacturer may incorporate this change <input type="checkbox"/> (3) Custodian of master document shall make above revision and furnish revised document																									
b. ACTIVITY AUTHORIZED TO APPROVE			SIGNATURE AND TITLE			DATE (YYMMDD)																					
SFAE-GCSS-W-AB-S			I L Smith			040311																					
15. ACTIVITY ACCOMPLISHING REVISION			REVISION COMPLETED (Signature)			DATE (YYMMDD)																					